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ABSTRACT

Several studies have suggested the importance of parent education in the prevention of incompetence. The child development and day care movements offer programs that show promise for preventing the incompetence associated with culturally deprived children. But many of these programs lack the elements necessary to break the cycle of poverty: (1) strong parent education components in child development and rearing; (2) high parent and community involvement in programming; (3) well-trained staff in child development and early childhood education; and (4) structured and concrete programs of language development that combine the cognitive, emotional, and motivational components of learning. The Bernalillo County (New Mexico) Mental Health/Mental Retardation Center is beginning a program in child development to foster the optimal development of preschool children through training their parents in child development, education and child rearing. A child development team consisting of a child development specialist and a child development associate will be assigned to work with each of 6 neighborhood mental health teams. The child development team will work closely with other children's agencies to foster normal development and make early identification of children with problems. The program will also develop a resource and training center to provide materials and training sessions for staff, other agencies, and parent groups. (KM)

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The Development of Competence and the Child Development Team: A Program Proposal

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Aristotle's tripartition of mind into emotion (affection), thought (cognition), and motivation (conation) has had an unfortunate influence on programs for children (Hunt, 1969). Educators have traditionally focused on cognitive learning in acquiring skills and knowledge. They have largely neglected the affective and conative factors in child development. By contrast, mental health professionals have emphasized emotional factors of social adjustment to the virtual exclusion of knowledge and skills which foster competence. This division of mind is reflected in government when the National Institute of Mental Health must compete with the Office of Education for congressional appropriations. Such competition seems inappropriate and inefficient in the light of evidence that parental behaviors related to intellectual development of children tend to be related to personal adjustment, social relationships, and task-oriented behaviors (Baldwin, 1949; Becker and Krug, 1964; Kagan and Moss, 1962; Shaefer and Bayley, 1963).

Kagan (1970) has noted that twelve years of formal education is now a necessity for economic survival in our highly technical society. Children of poor families have an unacceptable rate of school and vocational failures. These failures are the basis for serious psychological, social, and economic disruption in the community. Hunt (1969) has stated that "incompetence is like a disease" and is "one of the major etiological sources of the frustration and the emotional distress associated with the inability of the poor to participate in the mainstream of our increasingly technological and increasingly affluent society." I think Hunt is right.

Several recent studies have suggested the importance of parent education in the prevention of incompetence (Gordon, 1969; Karnes, et al., 1968; Klaus and Gray, 1968; Weikart and Lambie, 1968). For example, Karnes, et al. (1968) selected 30 children between three years, three months and four years, three months from culturally deprived families. The 30 children were divided into an experimental and a control group. The mothers of the experimental children were paid three dollars per session to attend eleven weekly two-hour sessions in the neighborhood elementary school. Each of three preschool

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teachers led these sessions in groups of five mothers. The mothers made educational materials such as sock puppets, matching games with gummed seals, and counting and classifying activities from magazine pictures. The groups then discussed appropriate home use of the materials. In addition, each teacher visited the mothers every other week. The control group mothers did not receive any training. Neither group (experimental or control) of children were enrolled in a preschool program.

In the relatively short period of twelve weeks, the experimental group gained an average of 7.46 points on the Binet I.Q. The control group gained an average of .07 points I.Q. ($p < .05$).

The Klaus and Gray (1968) Early Training Project included a summer preschool nursery for disadvantaged children and a home visiting program for their mothers. Two control groups were selected which received no special training. Although the preschool program and home visiting were confounded, the experimental children showed a superior performance on I.Q. and language tests. This superior performance continued through the first grade.

Two other findings of the Klaus and Gray study were most surprising and promising. First, the younger siblings of the experimental children showed significantly superior test performance compared to the younger siblings of the control groups. The authors called this phenomenon "vertical diffusion." Second, the children of the contrast group who lived in the same ghetto neighborhood as the experimental group were significantly superior on test performance compared to the children of the contrast group living 60 miles away. The authors called this result "horizontal diffusion" and suggested that the experimental mothers who had learned new child-rearing practices somehow communicated them to their neighbors.

The above studies and other research (Karnes, et al., 1969; Weikart, 1969) give me cause for both encouragement and concern when I look at the child development and day care movements. Here are programs which show much promise for preventing the incompetence associated with culturally deprived children. Yet, many of these same programs lack the ingredients associated with the success in the studies cited above. These ingredients include (1) strong parent education components in child development and

child rearing; (2) high parent and community involvement in programming; (3) well-trained staff in child development and early childhood education; and (4) structured and concrete programs of language development which combine the cognitive, emotional, and motivational components of learning. Although the evidence is far from conclusive, these elements seem like minimal requirements for breaking the cycle of incompetence in culturally disadvantaged families. In my view, the prevention of incompetence and comprehensive mental health programming are inseparable.

A Proposal for Programs for Children

The Bernalillo County Mental Health/Mental Retardation Center is beginning a new program in Child Development. The program has the objective of fostering optimal development of preschool age children through training their parents in normal childhood development, early childhood education, and child rearing techniques. In addition, the early identification and remediation of developmental and behavioral problems is accomplished by working with parents and child care workers. Referral of children with severe problems can be made to appropriate specialists. Thus, the Child Development program is concerned with the primary and secondary prevention (Caplan, 1964) of incompetence with infants, toddlers, preschool children, and early elementary school children.

A child development team consisting of a child development specialist and a child development associate will be assigned to work with each of six neighborhood mental health teams located throughout Albuquerque. The child development team will work closely with other children's agencies to foster normal development and make early identifications of children with problems. As an important part of prevention, the child development teams must be community outreach workers who make regular home visits, consult with child development and day care centers, coordinate work with public health nurses, work with the mental health teams, and develop community involvement in programming.

The program will also develop a resource and training center at the Mental Health Center to provide materials and training sessions for the staff, other agencies, and parent groups. The resource and training

center will cover such areas as perceptual-motor coordination, language skills, emotional development, social learnings, and family living.

The child development teams can use many methods in their work which include the following: (1) weekly home visits with individual parents; (2) regular small group meetings with parents; (3) explanation and demonstration of techniques to parents and older siblings of children at day care centers; (4) training and modelling of techniques to parents and child care workers who work at day care centers. Specific training of parents might involve teaching the use of books, telling stories, talking with children, reinforcing new skills and desirable behavior, and asking questions to encourage language development and to understand relationships.

In order to accomplish their goals, the child development teams need solid skills and knowledge in the following areas: (1) normal child development; (2) deviations from normal development and the methods of assessing and treating such deviations; (3) service agencies and their relationship to home and community; (4) neighborhood and community organization; (5) group and family processes; (6) the consultation process; (7) teaching techniques with parents, children, and other care givers; and (8) interviewing and the counseling process.

I believe that this program will have a direct influence on the positive mental health and mental development of the children served. The program will also help to enhance the skills of indigenous people to meet community needs by combining competence in child development with community resources.

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